

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

**Facility Information**

**Facility Name:** HILLTOP MANOR (0009143)

**Address:** 632 HILLTOP LN BOX 159, RIPON, WI 54971

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/01/2001

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

**Survey History**

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For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

**Survey ID:** 0096557      **End Date:** 03/03/2006      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10007264    Served 03/27/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(2)	CLIENT PROTECTION		
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS		
83.11(3)(a)	RESPONSIBILITIES		
83.15(1)(a)	STAFFING PATTERNS		
83.19(3)(c)	INVESTIGATE ALLEGATION		
83.21(4)(h)	PRIVACY		
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT		
83.32(1)(a)	ASSESSMENT AND ISP		
83.32(2)(a)1	PHYSICAL HEALTH		
83.32(2)(b)	DEVELOPMENT		
83.32(2)(d)	REVIEW OF PROGRESS		
83.33(2)(c)	LEISURE TIME ACTIVITIES		
83.33(2)(h)2	MEDICAL SERVICES DOCUMENTED IN RECORD		
83.33(3)(f)2	REASSESSED QUARTERLY FOR MEDICATION		
83.41(5)(d)2	HOT WATER TEMPERATURES		
83.42(1)	SAFETY-FACILITY EVACUATION TIME		
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL		

**Survey ID:** 0095035      **End Date:** 06/09/2005      **Type:** OTHER      **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
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**Survey ID:** 0092435      **End Date:** 04/02/2004      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10006959    Served 05/13/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(b)	DEVELOPMENT	03/03/2006	No
83.44(1)(a)	NO MORE THAN 4 CLASS C	03/03/2006	Yes
83.44(1)(g)	EMERGENCY PLAN & NO ONE OVER 2 MINUTES	03/03/2006	Yes

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**Enforcement History**

**Date: 03/21/2006      SOD #10007264      Appealed: Yes      Decision: PENDING**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT

**Date: 04/30/2004      SOD #10006959      Appealed: Yes      Decision: STIPULATION**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
NO NEW ADMISSIONS  
FORFEITURE---83.44(1)(a) ONGOING AT \$20/DAY  
FORFEITURE---83.44(1)(g)

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**Complaint History**

**Date Complaint Received: 10/10/2005**

**Date Investigation Completed: 03/03/2006**

Subject Area(s)  
RESIDENT RIGHTS  
ADMINISTRATION

Result  
NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

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